ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  STANDARD CERTIFICATE OF BIRTH  County  County  State  County  State  County  State  County  State  State
District or Township  Or Village  Or Villa
District or Township  City  Ci
District or Township  City  Mann  No. / Dat Maro and  St. Ward  No. / Dat Maro and  If child is not yet named, make  Sex of Child To be answered ONLY in event of plural births.  S. FATHER  FATHER  Full name  Residence  (Usual place of abode)  If non-resident, give place and state. Angona  16. Color or race  (Usual place of country)  (State or country)  Mann  Nature of Industry  Local Inst birth of child herein  (Token as of time of birth of child herein  (Corrilied and including this child.)  CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE  (Wonth is one that neither breathes nor shows other evidence of life after birth.)  St. Ward  Nature of Industry  No. / Dat Mann  Nature of shide or this mother  (Corrilied and including this child.)  CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE  (Wonth is one that neither breathes nor shows other evidence of life after birth.)  St. Mann  Nature of third is one that neither breathes nor shows other evidence of life after birth.  St. Mann  Nature of linds the country  No. / Date Mann  Nature of Industry  (Wonther was no attending physician or midwife, then the father, householder, other was no attending physician or shows other evidence of life after birth.)  Signature  No. / Date Mann  Nature  No. / Date Industry  No. / Date Industr
City Mami No. 102 + Mana and St. Ward (If hith occurren in a hapital or institution, give its NAME instead of street and number?  2. Full name of child Awal Dynald Mellon It child is not yet named, make supplemental report, as directed.  3. Sex of Child To be answered ONLY 1. Twin, triplet or other. 6. Legitimate? 7. Date in event of plural births. 6. No., in order of birth In event of plural births. 7. Date of birth Month Day Year Morther  8. FATHER  Full name William Henry Mellon 14. Morther  9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami 16. Color or race 11. Age at last birthday. (Years) 16. Color or race 11. Age at last birthday. (Years) 17. Age at last birthday. (Years) 18. Birthplace (city or place) Burnley (State or country) Cugland 19. Occupation  Nature of Industry Word Lawling 19. Occupation  Nature of Industry Word Lawling 19. Occupation 19. Oc
City   Mami   No   0.2 + Mana   Aul   St.   Ward   It lith occurred in a hapital or institution, give its NAME instead of street and number?  2. Full name of child   Auril   Department   Auril   Child is not yet named, make   Supplemental report, as directed.  3. Sex of Child   To be answered ONLY   4. Twin, triplet or other.   S. Legitimato   7. Date   Supplemental report, as directed.  3. Sex of Child   To be answered ONLY   4. Twin, triplet or other.   S. Legitimato   7. Date   Of birth   Month   Day   Year    3. FATHER   Full name   Mother   Mother   S. No. in order of birth   Mother
(If bith occurred in a hapital or institution, give its NAME instead of street and number)  2. Full name of child
Sex of Child To be answered ONLY A. Twin, triplet or other
Male in event of plural in order of birth in the answered ONLY in corn of plural in event of plural births.  8. FATHER  Full name William Helwy Willin in a place of abode)  9. Residence (Usual place of abode)  11. Age at last birthday (Years)  12. Birthplace (city or place) Burnly (State or country) Cugland (State
8. FATHER Full name William Henry Mellen  9. Residence (Usual place of abode)  If non-resident, give place and state. Wanna  10. Color or race  11. Age at last birthday. (Years)  12. Birthplace (city or place). By Melly (State or country) Magnad  13. Occupation  Nature of Industry Wood Landing  Nature of Industry Wood Landing  14. MOTHER  Full maiden name Harviel Mullimaton  15. Residence (Usual place of abode) Maani  If non-resident, give place and state. Origona.  16. Color or race  17. Age at last birthday. (Years)  18. Birthplace (city or place). By Mully (State or country) Magnad  19. Occupation  Nature of Industry Wood Landing  19. Occupation  Nature of Industry Modeling his child.)  19. Occupation  Nature of Industry Magnad  19. Occupation
Full name William Henry Mellen  9. Residence (Usual place of abode)  If non-resident, give place and state. Organia  10. Color or race  11. Age at last birthday. (Years)  12. Birthplace (city or place)  (State or country)  (State or country)  (State or country)  (State or country)  Nature of Industry  20. Number of children of this mother. (a) Para alive and now living 4 (State or country)  (Carrellied and including this child.)  (CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (A) (Born glive or still wend)  (Born glive or still wend)  (Corn glive or still wend)
(Usual place of abode)  If non-resident, give place and state.  10. Color or race  11. Age at last birthday
10. Color or race  11. Age at last birthday (Years)  12. Birthplace (city or place) Burnly (State or country) (State or cou
11. Age at last birthday (Years)  12. Birthplace (city or place). Burnley (State or country). (State
12. Birthplace (city or place) Burnelly (State or country) (Ugland) (
12. Birthplace (city or place) Burnly  (State or country) My and  (State or country) My and  13. Occupation  Nature of Industry Wood Landing  20. Number of children of this mother
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CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE */6  I hereby certify that I attended the birth of this child, who was the control or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE */6  (Born glive or still yen)  Signature  When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  (Physician or midwife)
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1 hereby certify that I attended the birth of this child, who was warman at A: m on the date above stated.  (Born slive or still each)  (Born
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child is one that neither breathes nor shows other evidence of life after birth.
Given name added from
a supplement report Address / WWW Month, day, year
Registrar. Filed aux 19 30 6 6 om
negistrar.
445-117-845